

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000079503
 1. Corporation Name
A & K ENTERPRISES OF MIAMI, INC.

Principal Place of Business 20613 NW 3rd Avenue Miami, FL 33169	Mailing Address 20613 NW 3rd Avenue Miami, FL 33169
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3. Date Incorporated or Qualified 10-17-95	3a. Date of Last Report 12-18-96
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0625039	Applied For <input type="checkbox"/> Not App. above
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22. State Apt. # etc 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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23. City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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24. Zip Country 25 29 30	8. This corporation has liability for intangible tax under s. 199.052 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent ROBERTHA PALMER 20613 NW 3rd Avenue Miami, FL 33169		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, if applicable, and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE: *Robertha Palmer* DATE: **9/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Robertha Palmer	12. NAME	
STREET ADDRESS	20613 NW 3rd Avenue	13. STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33169	14. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Lawrence B. Howard	22. NAME	
STREET ADDRESS	20613 NW 3rd Avenue	23. STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33169	24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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 ***550.00

Rovertha Palmer
 9-22-97

14. I (solely, jointly, or as a fiduciary) certify that the information supplied with this filing complies with the exemption stated in Section 119.071(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Robertha Palmer* Robertha Palmer DATE: **9/17/97**

CR2E034 (9/96)